



BIO & APPLICATION FORM Tell us about 1. Yourself/hobby, 2. Your goals 3. Family 4. Best subject 5. Your favorite book. Please type or write neatly, this will be used in your introduction. (Use the backside of this sheet to list your answers.)

Do you have a computer and internet in your home YES___ NO___

Name:	PARENTS NAME:
Family Name:	Guardian Name:
Date of Birth: Age:	Employed by:
Address:	Phone/Cell
City, State, Zip Code:	Email:
CELL#: SCHOOL: CAREER GOAL: HOBBIES: EMAIL:	ANY KNOWN ALLERGIES: _____ <ul style="list-style-type: none"> • YOU ARE REQUIRED TO SELL \$100 IN ADS FOR YOUR PROGRAM BOOK • YOU WILL HAVE A FAMILY TABLE OF 10 SEATS TO SELL @ \$30 each (SENIORS AND KIDS \$20)

NO ONE SHALL LEAVE THE CAMPUS DURING PAGEANT WORKSHOP HOURS

I hereby agree to abide by the rules and regulations set forth by the Scholarship Committee. I will accept the decision of the judges as final and binding, and I understand that such decisions are not questionable. I further agree and permit the use of my photographs and/or video by the organization.

Signature of Participant: _____ Date: _____

PARENT/GUARDIAN Signature: _____ Date: _____

**PARENTS WAIVER FORM
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

WE WOULD LIKE TO COMMUNICATE WITH THE PARENTS AT ALL TIMES. Parents understand that they are responsible for transportation to and from workshops and events. Please advise of health issues or allergies – no one is to leave the campus during workshops.

I certify that I am physically fit, for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and administrators, heirs, next of kin, successors, and assigns as follows: (A) Waiver, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, directors, officers, employees, representatives and agents, event holders, event sponsors, event directors, event volunteers; (B) Indemnity and hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illness during this event.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

And, in further consideration of permission being granted to me to participate in the Teen Empowerment Program, I hereby grant approved video or entertainment organizations, and all of their agents, successors, licenses and assigns, the right to photograph or otherwise reproduce (whether by film, tape, still photography or otherwise) my voice, appearance and name, and to exhibit, distribute, transmit, and /or exploit any and all such reproductions containing my voice and /or appearance in any and all media, including without limitation, by means and photography, motion pictures, video, printing or any other media now known or hereafter devised, including also with respect to merchandising, advertising and /or publicity, and the right to use my name and information about me in any perpetuity, an no further compensation shall be payable to me at any time in connection therewith. Nothing contained therein, shall be deemed to obligate you, the Sponsors. These rights may be assigned by Empowerment Program officials at their sole and complete discretion.

I hereby certify that I have read this document, understand and agree to comply with its contents.

DAUGHTER'S NAME _____
CELL # _____
EMAIL: _____

PARENT'S NAME _____
CELL # _____
EMAIL: _____
HOME #: _____

PARENTS EMPLOYED BY: _____